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THE FEVERS OF NEW ENGLAND.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A communication under the caption, "The Autumnal Fevers of New England," lately appeared in the Boston Medical and Surgical Journal, which I shall attempt hastily to review. I hope not to be censured for differing from Dr. Knowlton. I judge, from the character of his writings, that gentleman is both a scholar and skilful practitioner. I do not seek controversy, and feel great delicacy in approaching a subject that has already been treated by a more powerful pen than mine.

There were many cases of fever in this region last fall and winter. The fever presented *typhoid* symptoms, but in my practice there was not one genuine case of *typhus* or *remittent* fever. I have been taught that the word *fever* by itself is a vague term, and this is true, for the same disorder is baptized and named *anything* that is most convenient for the occasion; hence, for the same disease, we hear the different appellations typhus, typhoid, continued and remittent fever. This would be of little practical importance, if diseases were not sometimes prescribed for according to the name they bear, instead of the actual condition of the body; on this account, it is desirable to call diseases by their own names, for instances have happened where such mistakes have been fatal. Dr. Knowlton's paper represents the autumnal fevers of New England to be of the same kind *throughout* New England. If the fever that prevailed in Ashfield last fall was remittent fever, it was quite a different one from the epidemic that visited this part of Rhode Island (Smithfield) at the same time. Of the fever in question, I saw nearly forty cases (from the latter part of summer till late in the winter), and only two proved fatal.

Symptoms.—Patients at first would generally complain of pain in the head and limbs; of a burning pain in the stomach; vertigo, &c. In some instances there was delirium, with a strong full pulse varying from 100 to 130. The respirations were quick; the skin hot; the urine *scanty* and high colored. Tenderness of the stomach, bowels, and liver, was evident when pressure was made on those regions. The bowels were generally confined; in some instances the contrary obtained. The tongue, at first white, and very much coated, sometimes in the progress of the disease became brown or blackish, dry and parched. As the disorder advanced, the tongue was preternaturally red; the urine turbid and scanty; or it was copious and clear. The blood, when drawn, was sizy,

with a buffy coat. By comparison it will be seen that these differ very much from the symptoms given by Dr. Knowlton.

The duration of the disease was from two to four weeks, yet there were cases that continued a longer period; and one I remember had no "remission" that I know of in 63 days. This patient was imprudent in several respects, which doubtless protracted the complaint.

This fever is *(like all others)* inflammatory in its nature—*it is an inflammation of the gastro-intestinal canal,* as is evident from its symptoms and results. Disturbance of the nervous system is induced by congestion of the bloodvessels of the encephalon, or of the liver, or obstructions of the *pori biliarii* I can conceive may also be productive of such derangement.

Treatment.—Very few cases called for general bloodletting, *but in these few* the practice was indispensable. Local bleeding was more frequently demanded. Blistering was resorted to with advantage. Mustard cataplasms on the extremities, as might be expected, proved serviceable. Laxatives were daily employed, or sufficiently often to procure one or two evacuations a day. Mercurials were used when the biliary apparatus was deranged, and at other times, with decided benefit. Opiates were given when they could be borne: trusting the patient to "Nature's sweet restorer" rather than to medicine, I found was a practice of no small value, a practice at the present day too much out of fashion. Diuretics were never given unless there was scantiness of urine. Mucilages and diluents were allowed to take the place of sudorific drugs, and they fulfilled their office as diaphoretics in as high degree as was necessary.

In one of the fatal cases referred to above, the patient died of inflammation of the brain. She was probably 80 years old, and living some 8 or 9 miles from me, was not visited oftener than every two or three days; and it was during one of these intervals that cerebral inflammation suddenly set in, which was the immediate cause of death. The other one was to all appearances doing well, when pulmonary and cerebral disorders supervened and carried him off.

I have now given a very imperfect history of the fever as it prevailed here last year, but the account, imperfect as it is, will show that the fever was not remittent fever. Some of the above cases were watched so carefully, that had there been any distinct remissions, the fact would not have been overlooked; for the regular tenor of the symptoms was strikingly remarkable. Nor is this last a new idea just *hatched*; it is a truth of some age, and I can mention physicians who agreed with me on this point during our consultations.

Dr. Knowlton comes to six conclusions, and invites our attention to these six particular points (Jour. Vol. XXXII. page 73). Of the first and second of these "*points*," nothing need be said. Of the third, I only wish to say that in the majority of my cases, the nervous system was *more* than "slightly affected." Of the fourth, the majority of patients had dry mouths and tongues, and a "dark state of the mouth" was often seen. Of the fifth, "bilious stools," though "free," would not of course benefit the patient till the cause that had induced them was removed.

And finally, notwithstanding there has been seen in some parts of Massachusetts cases of remittent fever, the general character of the autumnal fevers of New England remains unchanged, especially those that have lately occurred in this part of Rhode Island.

In reply to Dr. Knowlton's interrogatories—why should not a modified form of *remittent fever* prevail among us? &c., &c., I will inquire of him, why do we not, for the good reasons that he holds forth, have *intermittent fever* like the inhabitants of the "South and West," with all its horrible agues to freeze us in bright September, and "set the jaundice on our cheeks"?

J. P. Leonard.

Lime Rock, R. I., March 22d, 1845.

ON THE FUNCTIONS OF THE OBLIQUE MUSCLES OF THE EYE.

[Communicated for the Boston Medical and Surgical Journal.]

It is not the design of this paper to give a full exposition of the facts connected with the investigation of this subject, nor would it be expedient to burden the pages of the Journal with all that should be written in order to clearly establish the positions which we shall here take. The subject may not at first appear to be of much importance, but a little attention to it will indicate the necessity of a more careful investigation than it has hitherto received.

There is an unaccountable discrepancy in the views of anatomical writers as to the functions of these two muscles. Indeed, scarcely two agree in relation to all the points under consideration, and the adage of *quot homines, tot sententiæ* would not be inapplicable to these writers. The minute anatomy and mechanism of the obliqui seem rarely to have been carefully studied by them, and hence the incongruity and error of their statements.

The chief cause of this neglect has probably arisen from the fact, that the practical utility arising from an intimate knowledge of all that relates to these organs, has not, until recently, been properly appreciated. The late investigations on the subject of strabismus have marked an era in the anatomical as well as surgical history of the eye. The attempt to remedy the various distortions of this organ, have led surgeons to examine carefully into the causes of these deformities, and, in doing this, they have necessarily examined more carefully the anatomy of these muscles. In the examination of the authorities on this subject, we find a few who have in part correctly described the functions of one or both of these muscles; but at the same time they have thrown out ideas in the same connection which contribute to the belief that their views were, after all, rather conjectural.

We shall commence the investigation of this subject by the description of these muscles, according to the latest and best authorities and our own observations and dissections. We are aware that carelessness in describing the minute origin and insertion has given rise, in a great measure, to the erroneous views entertained of their functions. If the description be

particularly noted, their mechanism, and of course their functions, will be readily comprehended.

The *superior oblique* arises by a small round tendon from the margin of the foramen opticum, between the origins of the superior and internal recti—passes along the os planum, and, as it approaches the margin of the orbit, is converted into a long round tendon which passes through a cartilaginous trochlea—not *just* at the inner margin of the supra-orbitar foramen, as Horner describes it, but between three and four lines obliquely downwards, inwards and backwards from that foramen or notch. After passing through the trochlea from behind forwards, it turns and passes backwards and outwards, and is inserted into the sclerotic coat, external to the antero-posterior diameter of the eye—the middle of the insertion being, according to Professor Hamilton's measurement, eight lines from the cornea and four and a half from the optic nerve ; but according to Mr. Lucas (" Practical Treatise on the Cure of Strabismus," London, 1840), eleven lines from the cornea. Now observe, on the contraction of this muscle, what must inevitably be its mechanism. The globe performs a partial rotation—the upper part turning inwards and the lower surface externally—the posterior part of the globe is drawn upwards and inwards, and consequently the pupil must be turned *downwards* and *outwards*. This, it will be seen, is the only movement, which, alone, it can possibly execute. And yet Sir Charles Bell says that it turns the cornea upwards and inwards ; and Prof. Dunglison says (" Human Physiology," Philadelphia, 1844, Vol. I., p. 213) that it directs it *downwards* and inwards !

The *inferior oblique* arises from the orbitar process of the superior maxilla, at the edge of the orbit, obliquely anterior and external to the superior orifice of the nasal canal ; it then passes along the floor of the orbit, below the inferior rectus backwards, outwards and upwards, and is inserted into the sclerotic, between that and the external rectus, posterior to the transverse axis of the globe—the centre of the insertion, according to Mr. Lucas *(op. cit.)*, being fifteen lines from the cornea. Observe, now, the mechanism of this muscle also. On its contraction, the ball makes a partial rotation—the inferior surface turning inwards and the superior portion outwards ; the posterior part of the globe is drawn downwards and inwards, and the pupil, of course, turned in an opposite direction *upwards* and *outwards*. But Professor Dunglison says it turns the pupil upwards and *inwards !*

If we have correctly described the anatomy of these organs, the conclusions to which we have arrived must be inevitable. Professor Pancoast (Quain and Wilson's Anatomical Plates, 4to, Philadelphia, 1843, Part II., p. 16) says that he has found, by experiments upon the dead body, that each of the obliques is capable of giving the ball a quarter rotation —the one antagonizing the other and moving the ball upon a middle oblique axis, which, from the external border of the cornea, runs backwards and inwards. The *great oblique*, by an *internal* rotation, carries the pupil *downwards* and *outwards ;* and the *inferior oblique*, by an *external* rotation of the ball, carries the pupil *upwards* and *outwards*. This, we say, is the statement of Professor Pancoast ; but his learned colleague,

Professor Dunglison, says ("Human Physiology," 1844), that in some recent experiments on the fresh subject *with* Prof. P., who carefully separated the different muscles with a view of discovering their precise action, it was clearly apparent that the function of the superior oblique was to direct the eye slightly inwards and downwards, while that of the inferior oblique was to roll it upwards and inwards when acting singly. We confess that we are unable to reconcile these statements—the result, it would seem, of the united experiments of these two Professors. We shall, however, confide in the conclusions of Prof. Pancoast as published in 1843.

As to the result of the *combined* action of the obliqui, there are several opinions. But it will be "clearly apparent," if we keep in mind their origins and insertions. To the favorite doctrine of most anatomical writers we cannot subscribe, viz., that the obliqui are the *antagonists* of the recti. This error is based on another, viz., that there is a *necessity* for antagonism, i. e., that the recti *retract* the ball from its ordinary position in the socket. It is true that if one or more of the recti be divided, the ball will protrude more or less, but this only shows that the eye is *held* at a certain position within the socket—not that it is *retracted* from that position. Notwithstanding it is true that the fixed points of the obliqui are forwards as those of the recti are behind, yet from their very mechanism, when they act in concert, they will draw the posterior part of the ball inwards and forwards, and consequently turn the pupil directly *outwards*, and thus forever destroy the antagonistic theory which seems so plausible. Professor Pancoast remarks, that, although this doctrine is as old as the time of Boerhaave, and has still many supporters, it is without foundation. He also suggests the possibility that in rotating the ball on its axis from side to side, and by acting in combination with the recti, they so modify its shape as to aid the eye in accommodating itself to vision at different distances. But the late investigations on this subject show pretty clearly that the modification of the shape of the ball or the change of its position has but little to do with the adaptation of the eye to vision. The ingenious and accomplished Dr. Wallace, of New York, has shown to our satisfaction that the crystalline lens and the ciliary processes are alone concerned in the function of adaptation. By means of these processes the lens is retracted in scrutinizing distant objects, and brought forwards in the observation of near ones.

Another and grand error in relation to the functions of these muscles, is that they effect the motions which are made for the protection of the eye and for freeing it of foreign substances. Sir Charles Bell is the authority that has given loose reins to this idea. In his paper on the Philosophy of Strabismus, published in the 6th edition of Gibson's Surgery, he has thrown together the most incongruous mass of ideas conceivable. He contends for the idea that the superior oblique effects the motion of the eye upwards and inwards, for the protection of the organ. But we need but refer to what we have already said to convince any one that it is mechanically impossible for the obliques to execute any such movement. The function in question is performed by the concurrent action of the superior and internal recti. It would be interesting here to trace

out the action of the other recti, but we shall only mention what we have to say in relation to them when we come to recapitulate our conclusions.* On the minute insertions of the recti, consult Dr. Gross's article in the Western Journal of Medicine and Surgery, 1842, p. 241 *et seq.*

The last theory to which we would refer, is the one which considers the obliques as muscles of *expression*. Here, again, a lack of acuteness in observation is manifest. Does not every careful observer know that the mere position of the eye has but little to do with the expression of pride or anger; that in the latter passion, particularly, the orbicularis palpebrarum and corrugator supercilii, by their peculiar action, give the principal features to the expression? But we believe this theory is exploded in the minds of most of the recent physiological writers. Let us here start an inquiry:—how much voluntary power has the iris, and how much has the contraction or dilatation of the pupil to do with the expression of anger or pride, or other feelings? (See "Muller's Physiology," Philadelphia, 1843, p. 593 and 730.)

Let us now recapitulate the conclusions to which we have arrived. 1st, then, we conclude that the function of the *superior oblique* is to direct the pupil *downwards* and *outwards*. 2d. That the function of the *inferior oblique* is to direct the cornea *upwards* and *outwards*. 3d. That the obliqui are not antagonists of the recti. 4th. That the recti never retract the ball from its ordinary position in the orbit. 5th. That the globe is not drawn forwards in scrutinizing objects. 6th. That neither of the obliqui effect the motion upwards and inwards for the protection of the organ. 7th. That the motion upwards and inwards is performed in all cases by the combined action of the superior and interior recti, and that the motion downwards and inwards is effected by a similar action of the inferior and interior recti. 8th. That the combined action of the superior or inferior rectus with the external rectus cannot turn the cornea upwards and outwards, or downwards and outwards. 9th. That the direction slightly upwards in strabismus convergens is caused by the action of the superior rectus by its strength and advantageous insertion. 10th. That the motion upwards and inwards is voluntary. 11th. That both of the obliques are voluntary. 12th. That, although the mechanism of the obliqui is favorable for turning the eye directly out should they act together, it is highly probable that they never perform this office. 13th. That the cornea is turned up alone by the superior rectus, and that the motion is voluntary. 14th. That the obliqui are not muscles of expression.

We are fully aware that some of these conclusions are physiological heresies, but we have arrived at them after a most careful and patient investigation. The *practical deductions* arising from them we leave for the intelligent reader himself to make. We have not attempted a reconciliation of the views of the various anatomical writers. It is, by the way, a cu-

* We ought here to remark that this article is but an *abstract* of a much farther extended essay, which has for some time been lying in our port-folio, and some of the conclusions which we shall subsequently enumerate have reference to the points there discussed, but which we do not deem consistent with the design of this article to introduce. We might observe, also, that several other interesting physiological questions grow out of this subject, which we may not now discuss. We hope enough will be said, however, to give valuable *practical* hints.

rious coincidence, that Cheselden and Pancoast—comparatively the two extremes in the history of anatomy—should agree on the functions of these two muscles and state them correctly, while the opinions of all the intermediate writers have been a mass of confusion. It is curious, also, to note, when a condition or motion of the eye could not be readily accounted for, with what eagerness the obliqui were invoked to explain the mysterious phenomena.

In enumerating our conclusions, we might have added another deduction, viz., that we are not to receive implicitly the doctrines of even the highest authorities, but that we are to keep our eyes open and observe and think for ourselves; and farther, that if such looseness of observation has prevailed in the examination of so familiar an organ as the eye, there may remain in other organs a rich mine of discoveries to reward the labors of the industrious physiologist. "***Multum adhuc restat operis, multumque restabit, nec ulli nato, post mille sæcula præcluditur occasio aliquid adgiciendi,***" is as true now as when Seneca wrote it. CALEB GREEN.

Homer, N. Y., March 25th, 1845.

P. S.—Was Dr. Brewster's conclusion in a late No. of the Journal, in relation to the effects of *creosote,* a legitimate one as the result of its administration in *that* case? Was not the cessation of vomiting as, if not more, probably the result of the "strong counter-irritants"?

SINGULAR CASE OF HICCOUGH CAUSED BY MASTURBATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some time since, a singular case of hiccough was placed under my treatment. Its origin evidently was from long-continued masturbation. I have thought a detail of the case, as taken from my note-book, might interest your readers, and have therefore ventured to send it. In the winter of 1840 I was requested by my partner to visit, in consultation, a case of "convulsions," which he said had for twenty-four hours resisted every remedy. The patient was an Irish girl, 18 years old. Accordingly, late in the evening, we rode out to her residence, and found her lying on a small cot-bedstead, just recovering from a paroxysm of opisthotonos—her attendants stating that her heels absolutely touched the back part of her head. As soon as she had somewhat recovered from her fatigue, I examined her pulse, which was slow, full and hard. She was sweating freely from the violent effort she had been making, but her skin was not at the usual temperature. Her countenance was flushed, pupils dilated, tongue a little furred. The bowels had been moved that morning, but were slightly tender at the lower part. She answered questions readily, although she was inclined to sleep. This was her situation soon after we arrived there. She did not remain quiet, however, more than ten minutes, when she commenced hiccoughing, gradually at first, and at intervals. This soon increased in frequency, until the convulsions resembled more the "roll" of a drum or the clatter of a watchman's rattle, than legitimate hiccough. There was no intermission; it was one continued roll,

increasing in power, until every muscle of the body participated with the diaphragm, and she "went off" in paroxysms of general convulsion. This had been her condition for the twenty-four hours previous, and she had been during that time bled and purged, and had run through the whole catalogue of remedies, both external and internal, without the least benefit. The hiccough still continued, and the intervals were shorter. Her strength was but little if any diminished, but she complained of soreness over the whole body. In this situation she remained three or four days, without much sensible relief, when the hiccough suddenly subsided, and she got up, and without more treatment went about her ordinary duties.

Some four or six weeks after, I was called to her again. I found her in the same condition as before, with longer intervals, however, between the general spasms, but without any cessation of the hiccough, the paroxysms of which, alternated between the "roll" and the usual convulsion. She had not menstruated since her last attack. Bowels now constipated; pulse full and slow; tongue furred; breath very offensive; countenance flushed; head aching violently; abdomen tender. I bled her freely, gave a powerful cathartic of calomel, applied sinapisms to the bowels, and left her. The next day she was somewhat relieved, but still in the "hiccough." During the day she requested her nurse to give her a piece of white sewing silk, saying she wished to cut off a wart on her leg. The nurse mentioned the circumstance to me, and I questioned her about the situation of the wart. She stated to me that it was not on her limb, but on her genitals. No inducement or persuasions were of any effect. I could not prevail on her to permit me to examine it. She also stated that she had had several warts, and when she cut them off the hiccough subsided. At this time, by much questioning, I extracted from her the fact, that she had long been in the habit of masturbation, and that, too, in no limited extent—ordinarily producing orgasm four or five times daily, and that for a period of two years. She further stated that the paroxysms could be "stopped," if I were to press my hand on the upper part of her external organs, and continue the pressure for a few minutes. She was all this time constantly hiccoughing, and it was with considerable difficulty that she conversed at all. However, to test her statements, I pressed gently but firmly upon the clitoris outside her linen, with my hand, and the convulsions gradually subsided, and she went to sleep. I left her asleep and went home. The next day, as usual, I visited her. She was free from all convulsion, but complained of pain and soreness of the back. I was proceeding to examine her back, when, in turning over, she struck the back against the bar of the bedstead, and immediately went into a paroxysm of hiccough, which terminated in general spasm. While in this condition, most frightfully convulsed, I pressed my hand firmly upon the upper part of the genitals, and the convulsions subsided directly, and she lay perfectly quiet.

From this time, for a period of three or four months, she had occasional attacks of hiccough, lasting her seven or eight days, constantly hiccoughing both asleep and awake. She informed me, during this time,

that so great was the venereal passion, that she carried to bed with her, as a constant companion, a large piece of *wood shaped like a penis.* Disgusting as these details were, she did not seem to have any hesitation in answering my questions. The paroxysms of hiccough could at any time be induced by hard pressure upon the lower lumbar vertebræ, which were exquisitely tender; and as readily could these paroxysms be allayed by pressure upon the upper part of the external organs. She was capricious in temper, and was subject to occasional periods of despondency. Yet she did not seem to realize her depraved condition, for she was at this time a member of one of the religious societies in town.

That I might not be deceived, I frequently called in my professional brethren, and exhibited to them the singular phenomena. And in every instance could the hiccough be induced by pressure on the spine, and controlled by pressure on the clitoris. No restraints were of any avail; she still continued the revolting habit of masturbation until she left town, which she did without informing me of her intention to do so. I have not since heard of her.

There are two questions connected with this case, the answers to which I should be glad to have. Why should pressure upon the spinous process of the lower lumbar vertebræ produce paroxysms of hiccough? and why should pressure upon the region of the clitoris arrest this paroxsym, even when every muscle of the body participated in the convulsive effort of the diaphragm?

I offer no solution to these singular statements. I have given the case as it is, and if worthy of consideration, I should be happy to have the causes of these effects explained. GEO. T. DEXTER.

New York, March 27th, 1845.

NEW METHOD OF REDUCING SCAPULO-HUMERAL DISLOCATIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of scapulo-humeral dislocation was intended for insertion in the "Montreal Medical Gazette," but after being detained by the proprietors of that Journal for several months, the manuscript was returned. Should the case appear of sufficient interest to merit a place in your valuable and widely-circulated Journal, by inserting it you will oblige Sir, Your very ob't and humble serv't,

Montreal, March 23d, 1845. C. CARTER, L.R.C.S. Edin., &c. &c.

A gentleman, a partner in the Hon. Hudson's Bay Company, on the 24th May last, accidentally dislocated his shoulder by falling forwards, his arm being at the same time outstretched. Being far up in the interior of the country, beyond the reach of any medical man, he was unable to get it reduced at the time of the accident. He returned from thence about the middle of July, and having first attended to some pressing business engagements, he afterwards came to consult me, eight weeks after the accident.

On examination, I found the usual symptoms of dislocation downwards in the axilla; projection of the acromion, flattening of the shoulder, &c. Notwithstanding the length of time that had elapsed, I gave him encouragement to submit to the operation of having the dislocation reduced, which he at once assented to. I requested the able assistance of my friend Dr. Nelson, and the succeeding was the day fixed for the reduction, which was accomplished in the following manner.

The patient reclined at full length on a hair mattress on the floor. A bandage was applied round the arm above the condyles, and a towel roller fixed by a noose over it. A handkerchief was noosed also round the wrist. These two were confided to assistants, to be used for extension. The arm was gradually withdrawn from the side, using extension the while, and carried upwards, above the head, in the direction of the axis of the body—a counter force, by means of the feet, being made over the acromion scapulæ; at the same time pressure was made with the fingers on the head of the bone in the axilla, directing it towards the glenoid cavity. It was by this means easily displaced from its situation. When the head reached the edge of the cavity, the arm was brought to the side, but the bone did not at first slip up into its natural position. A trial was then made in the usual way by means of the heel in the axilla. This failing, extension and counter-extension was again made, as at first practised, and after continuing for some time and gradually increasing the power, a cushion was placed in the axilla, a towel folded round it, and at the same period that the arm was brought to the side, extension by means of the towel was practised upwards and outwards. On relaxing from our efforts, the arm was found reduced. The shoulder had recovered its plumpness and natural appearance. The patient bore the operation well, though he suffered considerable pain in the limb for the remainder of the day. The pain, however, subsided, and he was able to travel in a couple of days very comfortably.

The merits of this new method of reducing dislocations, will, I think, appear obvious from the following considerations. Let us first inquire what muscles are concerned in opposing the reduction. Sir Astley Cooper, in his valuable work on the subject, gives the result of a careful *post-mortem* examination of a person who died from the effects of an injury. Having determined the extent of the injury by dissection, he says —"I next endeavored to reduce the bone, but finding the resistance too great to be overcome by my own efforts, I became very anxious to ascertain its origin. I therefore divided one muscle after the other, cutting through the coraco-brachialis, teres-major and minor, and infra-spinatus muscles. Yet still the opposition to my efforts remained, and with but little apparent change. I then conceived that the *deltoid* must be the chief cause of my failure, and by elevating the arm I relaxed this muscle, but still could not reduce the dislocation. I next divided the deltoid muscle, and then found the supra-spinatus muscle my great opponent, until I drew the arm directly upwards, when the head of the bone glided into the glenoid cavity. *The deltoid and supra-spinatus muscles are those which most powerfully resist reduction in this accident.*"

This dissection proves that the most proper and most likely method for reduction would be by making extension, directly or obliquely upwards, instead of obliquely downwards, as hitherto practised: the arm, in fact, should be placed as nearly as possible in the position in which it is known to be most usually dislocated, for it must be evident that the angle at which the head of the bone most easily slips out, is that in which it will be most likely to slip in.

To every one acquainted with the anatomy of the joints, the resistance offered by the supra-spinatus will not appear surprising. In every case of dislocation downwards, its fibres are on the stretch and oppose themselves to any further elongation; being but a short muscle, this elongation can only proceed to a certain extent, beyond which any extension must be at the expense of rupturing its fibres, and the violence which would occasion this, must be, from the well-known power of resistance of living muscular fibre, very great indeed, and could not but endanger most important parts. It is, therefore, of the greatest consequence, I conceive, that the surgeon, in his attempt at reduction, should place the limb in that position which would relax this muscle; by doing so, he will also subdue another powerful opponent—the deltoid. In most dislocations the adoption of this method will be attended with a very much less degree of pain than the old plan. In some instances scarcely if any pain at all will be experienced, provided the operator is careful to avoid directing the pressure on the axillary plexus of nerves. This plan of reduction is applicable in all the three dislocations downwards.

Is is right I should mention that the method I have described was first made known, in Paris, at the Hotel Dieu, by a Dr. Malgainne. It was in this celebrated Hospital I first saw the operation put in practice, by that veteran ornament to the profession, the late distinguished Baron Dupuytren.

It appears, however, that as long ago as 1785, this method was proposed and described by Mothe, one of the surgeons at the Hotel Dieu at Lyons. I am not aware that it has been introduced in this country, but I indulge the hope that this successful case may be useful to my professional brethren, and of service to some unfortunate sufferer.

OCCLUSION OF THE VAGINA IN A PREGNANT WOMAN.

By A. Davizac, M.D., of New Orleans.

A FEW days since I visited, in consultation with Dr. B. of this city, a woman under his care, aged about 26 years, of robust stature, somewhat plethoric habit, and muscular appearance, at the time laboring under strong expulsive pains of childbirth. I proceeded to the examination *per vaginam*, and to my astonishment found a little above the mouth of the urethra, a complete obstruction to the passage of the finger. Upon a minute examination, the vagina was found apparently completely closed by a strong, dense, striated membrane—the striæ radiating from the centre, and giving the sensation of tense cords. Finding that delivery was impracticable, Dr. B. and myself concluded to administer an anodyne in or-

der to lull her pains; and advised her husband to call in Dr. Luzenberg the following morning. She slept well and remained quiet during the remainder of the night.

Dr. Luzenberg met us early the next morning, and satisfied himself of the condition of the parts above described; with the addition of an opening not larger than would admit the head of an ordinary probe, which could only be observed when the membrane was protruded by the head of the child during the expulsive pain. At noon of the same day, he performed an operation by making a crucial incision the whole extent of the obstructing membrame. It proved to be very thick and tough, resisting the instrument like tendon. Immediately after the operation the head of the fœtus could be distinctly defined; the occiput presenting itself to the left of the pubis. The labor then appeared to advance tolerably well, and we thought would be soon terminated. At night the head had descended so as to press considerably on the perineum; but still the soft parts continued rigid and unyielding, and the bones of the head preserved their spherical form.

We then attempted to deliver with the forceps, and with difficulty introduced one blade, but we found the head so firmly impacted that we did not deem it prudent to proceed any further, and desisted.

On the following morning, at the suggestion of Dr. L., we determined to perforate the head, and attempt to bring it away with the hook. Accordingly we placed the patient on a table for the purpose of operating with more facility—and having passed the perforator into the fontanel, and broken up the brain, the bones of the cranium collapsed, and then by the use of considerable force with the hook, we were enabled to extract the head. After this, the shoulders offered great resistance, but we finally succeeded in bringing away an uncommonly large male infant. It had been some time dead, as was indicated by the livid spots and phlyctæna on the neck. The placenta followed immediately afterwards. The uterus contracted well and quickly; and the patient complained of nothing now but exhaustion. She is at this time convalescent.

Upon inquiring minutely into the previous history of this case, it was ascertained that a few years since, she was married the first time—that she had been a stout and healthy girl—that about a year after marriage she was confined in childbed, and had such a difficult labor that the fœtus had to be dismembered before delivery could be effected; and that she was very much bruised and lacerated during the operation. Very soon after her accouchement, and before she had any intercourse with her husband, he died. She slowly recovered, and had no sexual intercourse until her marriage to her present husband, which took place about two years afterwards. She menstruated regularly during the time. The husband says there seemed to be considerable difficulty in the first copulation, but that since then, although he always perceived an obstacle, it seemed to be elastic, and yielded to a considerable degree. Her last accouchement took place about 16 months after marriage.

Upon reviewing the history of the case, it would appear that owing to the laceration caused by the first instrumental delivery, there was an ad-

hesion of the walls of the vagina, or the formation of an adventitious membrane which closed it up with the exception of a very small perforation, which could only be discovered when it was distended, but was sufficient to admit the discharge of the menses, and the ingress of the *semen masculinum*. The obstructing membrane was sufficiently elastic to admit the male organ into the vagina to a satisfactory extent. The woman has a remarkably narrow pelvis, and it is to be apprehended can never be delivered without instruments.

The most interesting features of this case relate to the formation, and the extremely small perforation of this adventitious membrane (being not larger than the end of a probe); yet it seems to have been sufficient to allow egress to the menstrual flux, and consequently must have admitted some portion of the seminal fluid; yet the latter must have been greatly obstructed in *its natural jet*, and could scarcely have penetrated as far as the *os uteri*. Such, however, are the facts in the case.—*New Orleans Medical Journal.*

A CASE IN WHICH A SHARP-POINTED BODY WAS SWALLOWED BY A CHILD, PASSING THE BOWELS WITHOUT INJURY.

By B. W. Avent, of Murfreesboro', Tenn.

On Thursday evening, 8th July, I was requested to visit a little girl, 4 years old, who, whilst engaged at play, had accidentally swallowed a sharp-pointed instrument, about two and a half inches long. This instrument was originally the handle of a long-bladed knife, the jaws of which had been filed off about its centre, leaving the back spring, which had been ground very sharp at its point.

I saw the patient an hour after the accident occurred, and, as might have been expected under such circumstances, found the family in great alarm, and in the act of preparing an emetic, with a view to cause the stomach to eject this foreign body.

The little girl was suffering no pain at all, and on examination I was satisfied that the instrument had passed the cardiac orifice without producing any injury in its passage. Aware that the point of this instrument was sufficiently sharp to penetrate the stomach, should it come in contact with it during any contractile action of that organ, I at once explained to the parents the great danger of any medical interference, and advised that the unassisted efforts of nature should be relied upon for relief, at least until some unpleasant symptoms should arise. With this advice, I left the patient about as comfortable as if nothing unusual had happened.

On the following morning she complained of some pain in the epigastrium, but it was not of sufficient violence to excite much alarm. She took her breakfast as usual, and was permitted to engage in her accustomed amusements. After the morning, the pain in the stomach subsided. Some time during the day her bowels were evacuated, without presenting any unusual appearance in the fæces. On the next (Saturday) morning, she was still well, had no fever or visceral excitement whatever,

and had complained of no pain since the morning of the previous day. Through this day she continued to be playful, and suffered no inconvenience. The bowels were once moved without medicines.

Sunday morning.—Patient still free from all excitement. At 9 o'clock this morning, just 64 hours after the occurrence of the accident, the instrument was discharged from the bowels, enveloped in fæces, without any pain or inconvenience whatever. But little, if any, visible impression had been produced upon it during its passage through the bowels.

In the management of this case I applied no medical treatment, though often solicited to do so. I advised that the little patient should be permitted to engage in her customary amusements, and to take her ordinary diet, hoping by this course to keep her system, as nearly as possible, in a normal condition, the natural action of the alimentary canal undisturbed, and that thus, as happened, the "unwelcome visiter" might be expelled.

Medical interference, in this case, would have consisted either in vomiting, with a view to the ejection of the contents of the stomach, or in the use of purgatives, more speedily to evacuate the contents of the bowels. In either plan of treatment there would have been great danger to the patient. The contraction of the stomach, necessary in vomiting, would undoubtedly have endangered the wounding its coats, by coming in contact with the sharp point of the instrument, at every effort of that character, to say nothing of the great improbability of effecting the object desired; whilst, on the other hand, cathartics would not only have produced irritation of the bowels, but by carrying off too hastily their fæcal contents, might have left the foreign body behind, in a condition to wound them at every peristaltic motion.

Two circumstances existed in this case which favored the safety of the patient. First, the instrument was swallowed with the handle or blunt end downwards, which prevented its wounding the parts in its passage; and, secondly, its length prevented its taking a transverse position; either of which circumstances might have greatly endangered, if not destroyed, the life of the patient.—*Western Med. Journal.*

ON THE INCUBATION OF INSANITY.

Dr. Clutterbuck, at a late meeting of the Medical Society of London, regarded insanity as not a disease *per se*, but merely a symptom of disordered function of the brain. If we admitted—and, he thought, it could not be reasonably doubted—that the brain was the organ through which the mind was manifested, it followed that every disordered condition of the mind was dependent on some disordered condition of the brain; not always, it was true, obvious or appreciable, but still it was clear that the brain was not in a sound state of health. Not always to the extent of disorganization, for it was known that insanity often left the patient for a time, and then recurred, from causes not very obvious. The brain was often found diseased in cases of insanity, but we wanted proof that those changes were always the causes of insanity. Authors of experience, how-

ever, had asserted that they had always found the brain diseased in cases of insanity; Sutherland and Haslam were of this number; and Mr. Lawrence, out of seventy-two cases, had found the brain diseased in all, a structural change existing in each case. These facts did not prove that the structural disease was the cause of the symptoms, but it showed that in insanity the brain was not sound. That these conditions were not the proximate cause of the insane phenomena, however, was proved, for they existed independent of insanity. We found opacity of the membranes, increased vascularity, bloody points, induration, softening, and serous effusions of the brain, in cases in which insanity did not exist. Changes, however, might exist beyond what we were at present enabled to discover. What, then, caused this state of brain? He believed that it was always the result of inflammation which had existed at some period or other. He thought this, because inflammation was the great disorganizing process; and if disorganized, therefore, the brain must, at one time, have been inflamed. The disorganization was the result, in some way, of inflammation. We might often trace insanity in its early stages to the influence of extreme mental emotion, the effects of alcohol, or of local injuries, the insanity subsiding on the subsidence of these causes, so that we had cause and effect at once before us. He complained that the term incubation was not expressive of the manner in which insanity progressed in its early stages. Confirmed insanity was incurable, as the brain had become permanently affected. The time for treatment was in the early stage; subdue the inflammation then, and you subdue the symptom, and the brain regains its natural condition.—*Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 9, 1845.

Study of Anatomy in Massachusetts.—Through the instrumentality of Dr. Ephraim Buck, a member of our State Legislature, an act has lately been passed, entitled "An Act concerning the Study of Medicine," of great importance to the interest of anatomical science. Dr. Buck deserves the special thanks of the profession of the Commonwealth for what he has accomplished, and if medical gentlemen were to make some demonstration of their acknowledgments, it would be creditable to them. We published the act in full last week, so that each one may turn to it, who has occasion to vindicate his rights on the point to which the law refers. It was the habit of some persons, in some sections of the State, to throw every obstacle in the way of giving up such dead subjects as were contemplated by the statute, instead of aiding and assisting, as they were bound to do by the spirit of the act. Such disobliging functionaries, if they hereafter have anything to do with public institutions, now have their duties very distinctly defined. Physicians are no longer obliged to humble themselves in the august presence of some narrow-minded fellow, who never could be made to comprehend the incalculable value of ana-

tomical researches, and beseech of him to condescend to act justly in the premises. The words of the new act are not left to the interpretation of ignoramuses, or even a bench of learned judges—since the language is in plain English, and reads thus—"*The overseers of the poor of any town, and the mayor and aldermen of any city in this Commonwealth*, SHALL, *upon request, give permission to any regular physician*," &c. The word *may*, which was a source of difficulty before, is abolished, and *shall* wisely substituted. Should any of the functionaries here referred to, refuse to deliver up such subjects as can be legally claimed, they would be liable to immediate prosecution for damages. By turning to the document itself, no misapprehension, it will be seen, can be entertained in regard to its completeness. We wish the *title* of the act had been a little more appropriate, while the substance of it is so commendable.

Jewish Physicians in Hamburgh.—In consideration of the active and generous conduct of the Jews of Hamburgh, and especially of the great banker, Solomon Heine, on occasion of the fire in that city in 1842, their condition has been ameliorated. Before, the laws weighed heavily upon them, as everywhere else in Germany. For a long while, the Jews of Hamburgh have been rigidly restricted to commerce and to the exercise of the *medical profession*. Now, the Council of Ancients propose to open to them all trades and professions.

What a low estimate, it would appear, has been made of medicine, by the enlightened people of Hamburgh! If the oppressed Israelites studied any science, it must be medicine—as much as to say, it is only a mean occupation, and very well accords with their character and political circumstances. Associated with degradation as medicine is, when practised by a Jew, some of the brightest luminaries of the last century were of that despised, persecuted race. Those who have read Dr. Dunbar's translations of the early efforts and claims of the Jewish physicians of Europe, know very well our indebtedness to them, notwithstanding the low estimate in which they are held by the authorities of Hamburgh.

Spontaneous Combustion of the Human Body.—Notwithstanding the general opinion that many persons have actually been so saturated with alcohol, by a long course of intemperance, as to burn up, spontaneously, it is exceedingly difficult to produce a well authenticated case—at least a modern one. That individuals have made their bodies inflammable by the habitual vice of drinking, is not improbable; but in most instances where bodies have been discovered partially consumed, the presumption was that they had either fallen into the fire or set their dresses on fire accidentally.

Quite a number of cases of spontaneous combustion are cited in the books, collected from various countries, which uniformly agree in one particular—viz., that the victims of such an awful death have burned up with so light a flame, that even wooden floors escaped, although the ceiling and plastering over head were covered with a coat of smoke, analogous to lampblack. Water thrown upon the parts in the act of being consumed by the progressive invisible fire, would hardly quench it. And further,

it has so happened that no person was ever yet present at the beginning of this dreadful phenomenon, to narrate the circumstances. This is a subject involved in much obscurity, and demands a thorough investigation.

Principles of Forensic Medicine.—Since notices were given, some weeks since, of Dr. Lee's American edition of Dr. Guy's useful volume, we have carried our examinations still further. For practitioners of law, it is admirably adapted, from the fact that a great number of important points are presented in a way well calculated to assist them. There is neither obscurity in the text, nor an over-doing in the digest which the author evidently has in view.

But the Drs. Beck enjoy the credit of having given to the world the ablest work on medical jurisprudence. They take the lead in discussing principles. They have fully explained the science of forensic medicine; and yet, in point of detail, there is a copiousness, that furnishes precedents for almost every variety of case that may occur in criminal law. In calling the attention, therefore, of the medical public to the character and utility of Dr. Guy's labors, we should be negligent of duty to omit mentioning the researches and richness of the material entering into the composition of the last edition of the Drs. Beck's royal octavos.

Dr. Lee exhibits a happy tact in grafting on such occurrences as have transpired here, to sustain and enlarge the value of his author. An eminent member of the Boston bar remarked to us that the book was exceedingly convenient for reference.

Dr. Sweetser's Medical Works.—It is a matter of surprise that a treatise on Mental Hygiene, written by William Sweetser, M.D., a few years since, never created any more sensation in the reading world. Every one who commented upon it at all, on its first appearance, uniformly spoke in commendatory terms. Dr. Sweetser also wrote a treatise on Consumption, which certainly would have created no small stir, had it come from Europe. No one now quotes from either of them, nor has any suitable credit ever been given the amiable author for his exertions in the cause of science and humanity. Why has not a more elevated place been assigned these works? Dr. Sweetser is not a boisterous, determined actor on the medical stage, dashing forward with the impetuosity of a mountain torrent; the gentle stream of his philosophy glides along with an unruffled surface, and therefore scarcely attracts attention. We think his medical inquiries have not been properly estimated by his countrymen.

Two Kinds of Medical Practice in India.—From various sources, the fact seems to be well established, that the native inhabitants of some parts of India, at least, love to be under medical care. Since European physicians have established themselves in that country, it has led to likes and dislikes of the native and foreign systems of practice. A communication from the Rev. Mr. Whittlesey, of the Oodooville Missionary Station, in the March number of the Missionary Herald, in treating of a female school under his care, shows that there is a constant struggle to keep the pupils from running home with every ailment. There is, he also remarks, a great and very natural prejudice among the people, and to a very great

extent among the girls also, in favor of native and against European practice. It will be recollected that we recently published an article on India practice, prepared by Dr. Bachelder, an American physician, by which it pretty plainly appears that there is not much to choose between bearing a disease and taking native remedies.

Exemption of the Cherokee Indians and Africans from Insanity.—Dr. Lillybridge, of Virginia, who was employed by the Government as the medical officer to superintend the removal of the Cherokee Indians, in 1827–8 and 9, and who saw more than twenty thousand Indians, and inquired much about their diseases, informs us he never saw or heard of a case of insanity among them.

Dr. Butler, who has been a devoted missionary and physician among the Cherokees for about a quarter of a century, informs us, in a recent letter, that he has as yet seen no case of decided insanity among them, though he has occasionally seen them delirious when sick of other diseases; and adds, that an intelligent chief, a man now 80 years old, told him that "he had never known a case of insanity among his people, such as he had seen in the Hospital at Philadelphia."

Insanity is rare, we believe, among the Africans. Cinquez, and other of the *Amistad* Negroes, when in this country a few years since, visited the Retreat for the Insane at Hartford, Ct., and saw many of the patients there. They informed the writer of this article, that insanity was very rare in their native country. Most of them had never seen an instance. Cinquez stated, however, that he had seen one case.—*American Journal of Insanity.*

The Engrafting of Nerves.—M. Flourens, in reference to some experiments made by M. Tavignot, proving the possibility of engrafting nerves one on the other, reminded the Academy that he had published, some years since, similar experiments, with like results. He had seen the interlaced reunion of several nerves; for instance, the superior nerves with the inferior of the brachial flexus, and even the cervical nerves with the pneumogastric. In all these cases there was complete reunion, and in some, a complete return of function. (*See* "Memoirs of the Academy," vol. xiii. p. 14, and his "Experimental Researches into the Functions of the Nervous System," &c., p. 272, *et seq.*)—*London Lancet.*

Professional Men in Havana.—There are 363 licentiates and doctors of law in the city, and 11 ecclesiastical advocates; besides *escribanos* and *procuradores publicos*, notaries and attorneys. It has also 85 medico-chirurgians, 20 physicians, 90 surgeons, and 57 sub-surgeons, who, in urgent cases, are permitted to render assistance to the wounded or sick, until a surgeon or physician can be brought. A large number of barbers, 88, receive licenses to bleed, cup, leech, apply blisters and setons, and extract teeth, and are generally employed for these porposes by the higher branches of the profession, of which they form the fag-end.—*Notes on Cuba.*

Medical Graduates.—Medical Institution of Yale College, 11; University of Maryland, 43; Medical Institute of Louisville, 77 (including 3

honorary and 3 *ad eundem*); Jefferson Medical College, 116; College of Physicians and Surgeons, N. Y., 33; University of the City of New York, 120.—*Medical News.*

Medical Miscellany.—Passed Assistant Surgeon Dr. Robert Woodworth is ordered to Washington, preparatory to entering upon the duties of Assistant to the Bureau of Medicine and Surgery.—Dr. Miller has been appointed third Assistant Post Master General.—Passed Assistant Surgeon Charles H. Wheelwright is ordered to the Naval Hospital in Pensacola, during the absence of Surgeon Halse, three months.—A boy, 13 years old, died lately in the New York House of Refuge, in consequence of swallowing a piece of tobacco, given him clandestinely. He complained of pain in one leg, vomited and died the next day. The stomach was much inflamed.—Surgeon Thomas Dillard, U. S. N., detached from the Yard at Portsmouth, N. H., with leave for three months. Surgeon H. N. Glentworth ordered to Portsmouth.—Dr. Samuel Kennedy has been convicted of the murder of Benj. Wait, on the 29th of Dec. last.—Dr. W. A. Sparks, of Society Hills, S. C., has received the appointment of Consulate at Naples.

To Correspondents.—Dr. Nelson's paper, from Montreal, has been received and will be inserted next week.

Married,—In this city, Dr. Daniel Chaplin, of Cambridgeport, to Miss Caroline Augusta Hayward.—S. Everett Swift, M.D., of Colchester, Conn., to Miss M. U. Parsons.

Died,—At Harvard, Mass., Dr. Samuel Young, 64.—At New Rochelle, N. Y., Matson Smith, M.D., 78.

Number of deaths in Boston, for the week ending April, 5,40—Males, 21; Females, 19. Stillborn, 4.
Of consumption, 6—typhus fever, 2—disease of the heart, 1—inflammation of the bowels, 1—scarlet fever, 5—infantile, 2—accidental, 1—stoppage in the bowels, 1—tumor, 1—scrofula, 1—lung fever, 6—croup, 1—brain fever, 1—congestion of the brain, 1—convulsions, 1—dropsy, 2—teething, 1—childbed, 1—bilious fever, 1—paralysis, 1—dropsy on the brain, 1—drowned, 1—intemperance, 1.
Under 5 years, 17—between 5 and 20 years, 5—between 20 and 60 years, 15—over 60 years, 3.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

March.	Therm.		Barometer.		Wind.	March.	Therm.		Barometer.		Wind.
1	from 25 to 46		from 29.25 to 29.27		N W	17	from 22 to 38		from 28.80 to 28.86		S W
2	27	44	29.36	29.49	S E	18	24	37	28 87	28.96	N W
3	37	51	28.93	29.30	W	19	20	27	28.99	29.09	S W
4	26	44	29.60	29.71	S W	20	19	32	29.05	29.12	N W
5	32	36	28.82	29.30	N E	21	20	25	29.23	29.35	N W
6	36	46	29.36	29.61	N W	22	18	48	29.40	29.48	N W
7	28	54	29.63	29.65	W	23	29	49	29.36	29.48	S W
8	31	39	29.37	29.55	N E	24	36	41	29.15	29.22	N W
9	35	42	29.29	29.31	N E	25	34	40	29.39	29.55	N W
10	32	39	29.45	29.48	S E	26	24	48	29.72	29.80	S W
11	26	22	29.22	29.49	N E	27	40	64	29.48	29.53	N W
12	11	47	29.65	29.74	N E	28	38	65	29.48	29.56	N W
13	27	51	29.65	29.65	S W	29	36	58	29.70	29.74	S E
14	33	36	29.16	29.56	N E	30	38	73	29.66	29.69	S W
15	24	32	29.04	29.19	N W	31	40	68	29.70	29.76	S W
16	17	25	29.00	29.08	S W						

March has been a pleasant month for the season: but little rain has fallen, and the ground is unusually dry and well settled. The last few days have been mild and pleasant. The season is forward. The range of the Barometer has been from 28.80 to 29.76—of the Thermometer, from 11 to 73. Rain fallen, 3.29 inches—snow, 10 inches. Arbutus in blossom 27th day—Daphne Mezereon in blossom on the 29th—Aspen-leaved Poplar in blossom on the 30th.

The New Post Office Law—Publisher's Notice.—By the recent modification of the laws of the United States relating to the rates of postage, some changes will take place on the 1st of July, in certain cases, in the postage upon the Nos. of this Journal, of which subscribers may need to be reminded. Although, by this modification of the law, the objectionable difference which has heretofore been made between newspaper and magazine postage has not been wholly abolished, a measure of relief has been obtained—and, so far as the weekly Nos. of this Journal are concerned, to the full extent desired. By the definition now given to the portion of "mailable matter" which is to be charged with "newspaper" postage, there cannot be a shadow of doubt that works like our Journal are included in it—as, in addition to the former definition, which we always considered sufficient, it is now definitely stated that periodicals "conveying intelligence of passing events" are to be considered as newspapers if published at intervals of not more than one month, and "consisting of *not more than two sheets.*" The rate of postage, therefore, on the Nos. of this Journal, sent by mail, from the first of July next, will be, within 30 miles of Boston, "free of any charge;" over 30 miles, and under 100, or anywhere within the State, one cent; over 100 miles, one and a half cent. It is not anticipated that any postmaster will question this interpretation of the new law with regard to the Medical Journal, as it is its only obvious meaning, and its correctness has been decided upon in the Boston post-office; but it may need the vigilance of subscribers in some cases to see that the change is promptly made.

With regard to postage on letters, the new law, while it greatly reduces the rates of charge, takes away certain privileges which have heretofore been a great convenience to subscribers and publishers. As we understand it, postmasters will not be allowed to frank letters containing money from subscribers. But the odious requirement of multiplying the amount of postage for every additional piece of paper in a letter is abolished, and all letters weighing less than half an ounce, which they would do, written on a common letter sheet, with quite a number of bank bills enclosed, will go 300 miles for five cents, and any where over that distance in the United States for ten cents. We shall probably have occasion to refer to the subject of letter postage again, and shall endeavor to decide upon some standing regulations by which subscribers to the Journal will enjoy at least some of the privileges, in forwarding their subscriptions, of which the new law deprives them. In the mean time, those in arrears are requested to remit, under their postmasters' franks, while they may.

Kentucky Institution for the Blind.—The "Third Annual Report" of this interesting establishment has just been laid on our table. It presents much to interest every benevolent mind. Within the past year the Board of Visiters have erected a capacious, commodious and beautiful edifice, in the edge of Louisville, which will be finished in the course of the ensuing spring. The number of pupils is 22, varying in age from 9 to 24 years. They are contented, and make good progress in spelling, reading, writing, arithmetic, music, and various handicraft arts. They, in general, enjoy good health. Indeed, it has been found that the health of almost every pupil has improved since coming into the institution—the beneficial result of regular training in regard to study, exercise, diet and sleep.—*Western Journal of Medicine and Surgery.*